



Special Districts/County Fire Non-Represented

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	Non-Represented
Compensation Plan	2018
Health and Welfare	
Benefit Level	Full Time (61 - 80 hours)
Medical Premium Subsidy (MPS)	Employee Only \$203.81 Grandfathered Employee Only – Elected highest cost HMO prior to 7/21/18 \$234.65 Employee + 1 \$354.58 Employee + 2 \$503.41
Dental Premium Subsidy (DPS)	Employee Only enrolled prior to 7/9/05 up to \$19.72 Employee Only enrolled after 7/9/05 up to \$9.46 Employee + 1 up to \$9.46 Employee + 2 up to \$9.46
Medical Opt-Out/Waive	Opt-Out before 7/9/05 \$133.85 Waive before 7/9/05 \$190.00 Opt-out/Waive after 7/9/05 \$40.00
Vision	Employer Paid for Employee & Dependent Coverage
Life Insurance Employer Paid	All employees except Supervisory: \$25,000 Employees in a Supervisory Classification: \$35,000
Voluntary Term Life	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000
Voluntary AD&D	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000
Leave Provisions	
Vacation	80-160 hours/year, w/cash-out option up to 60 hours/year if 80 hours of vacation used in previous year
Sick	3.69 hours/pay period
Holiday	13 + 1 floating/year
Bereavement	2 days per occurrence (3 days if traveling > 1,000 miles)
Annual/Administrative Supervisory Only	40 Hours Administrative (One opportunity during year to exercise cash-out, excess will automatically cash out in pay period 26) 40 Hours Annual, w/no cash-out option
Perfect Attendance	Annual Gym Membership up to \$299 -OR- 16 hours of Perfect Attendance Leave
Retirement	
Retirement Formulas Reciprocity provision may apply	<div> <div> Tier I 2.0% at age 55 Hired PRIOR TO January 1, 2013 </div> <div> Tier II 2.5% at age 67 Hired ON or AFTER January 1, 2013 </div> </div>

Retirement - Other	
457(b) Eligible to enroll at any time	Eligible after one year of continuous service in a regular position County matching contribution ½ times employee contribution, up to ½%
Retirement Medical Trust Fund – Sick Leave Conversion	Sick Leave Conversion Employees become eligible to convert a portion of their sick leave to the Retirement Medical Trust upon attaining 10 or more years of participation with SBCERA and/or other public retirement system(s).
Retirement Medical Trust Fund – Employer Contribution	<u>Employer Contribution based on years of continuous District service:</u> 10-14 years = 1.00% of biweekly base salary 15-19 years = 1.25% of biweekly base salary 20+ years = 1.50% of biweekly base salary
Other	
529 Education Savings Plan	Eligible
Tuition Reimbursement	First come first serve basis not to exceed \$1,650/fiscal year
Dependent Care Assistance Plan	Eligible
Flexible Spending Account (FSA)	Annual Maximum: \$2,700 or \$103.84 per pay period for 26 pay periods
Qualified Transportation Plan	Pre-tax-deductions of up to \$270/month for qualified transportation (commuter) expenses
State Disability Insurance	Employer Paid for clerical assigned to Crestline Sanitation and for employees in Regular positions assigned to Hazardous Materials Division All other employees: Employee Paid

Special Districts/County Fire provides Premium Subsidies to help off-set the cost of your medical and dental premiums.

Example #1: An Administrative Secretary elects Blue Shield Signature HMO and DeltaCare USA HMO plans with Employee Only coverage.

\$269.30 (combined cost of premiums)

- \$203.81 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$ 56.03 (out-of-pocket cost)

Example #2: An Automated Systems Analyst elects Kaiser Permanente Traditional HMO and DeltaCare USA HMO plans with Employee Only coverage.

\$308.73 (combined cost of premiums)

- \$203.81 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$95.46 (out-of-pocket cost)

Example #3: A Staff Analyst II elects Kaiser Choice HMO and DeltaCare USA HMO plans with Employee Only coverage.

\$269.42 (combined cost of premiums)

- \$203.81 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$56.15 (out-of-pocket cost)